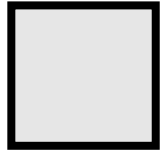




Booth No.
TO BE FILLED
IN BY APWA



**2010 ARIZONA APWA/AzRC STATEWIDE CONFERENCE
EXHIBITOR REGISTRATION FORM**
(Please print or type)

MEMBERSHIP INFORMATION		<input type="checkbox"/> APWA Membership No. _____ <input type="checkbox"/> AZRC Membership No. _____	<input type="checkbox"/> NOT A MEMBER
Company:			
Address:		City, State, Zip:	
Exhibitor #1 (Name):			Title:
Phone ()	Fax ()	Email:	
Exhibitor #2 (Name):			Title:
Phone ()	Fax ()	Email:	
Name of Contact Person: (if different than above)			
Alternate Address:		City, State, Zip:	
Phone ()	Fax ()	Email:	
Table Size (Select One)	<input type="checkbox"/> 8 foot <input type="checkbox"/> 6 foot	Electricity not included. Electrical requirements to be coordinated by exhibitor through US Expo. Look for this info in your show package coming in July	
Briefly describe the size and type of your display. Be specific for layout and placement purposes. Include any special requirements. Exhibitors intending to display vehicles or equipment must insure the equipment has no more than ¼ tank of fuel when on display in the event hall. If possible, attach a diagram with approximate display dimensions and type of equipment.			

EXHIBITOR FEES			
APWA and AzRC Member Early Registration (by 05/28/10)—includes registration and all conference meals for two Company Representatives**	Spaces	Fee	
	\$1,100	\$ _____	
APWA and AzRC Member Registration (after 05/28/10)—includes registration and all conference meals for two Company Representatives**	\$1,150	\$ _____	
Non-member Early Registration (by 05/28/10)—includes registration and all conference meals for two Company Representatives**	\$1,200	\$ _____	
Non-member Registration (after 05/28/10)—includes registration and all conference meals for two Company Representatives**	\$1,250	\$ _____	
Trade Show Access Only (Includes access to the Trade Show only. Does not include meals.) Provide names of persons requesting passes at \$35/person/day.			
Exhibitor Name 1: _____	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	No. ____ @ \$35 = \$ _____
Exhibitor Name 2: _____	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	
Exhibitor Name 3: _____	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	
Exhibitor Name 4: _____	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	
TOTAL (MAKE ALL CHECKS PAYABLE TO ARIZONA CHAPTER APWA) (Electricity needs are separately contracted through US Expo)			\$ _____
Donating a prize to Trade Show Raffle Drawings?		YES <input type="checkbox"/>	
Exhibitor Booth Selection			
Booth Location (Please provide location preference using attached layout)	Alternative #1	Alternative #2	Alternative #3
	Booth No.	Booth No.	Booth No.

Include a copy of your Certificate of Insurance naming APWA, AzRC and the City of Phoenix as the Certificate Holders.

Exhibitor set up will be available during the following hours:

Sunday, August 1, 2010: 1:00 pm to 6:00 pm
 Monday, August 2, 2010: 7:00 am to 8:30 am

Exhibitor breakdown hours:

Tuesday, August 3, 2010: Upon commencement of last session

Exhibitors Questions contact:

Scott Eisenfeld
 GLHN Architects and Engineers
 Email: seisenfeld@glhn.com
 Office: (520) 881-4546, Fax: (520) 795-1822

Send Exhibitor Registration forms and payment to:

Arizona Chapter APWA
 P.O. Box 10337
 Phoenix, Arizona 85064-0337
 Email all forms to azapwa@cox.net (see note below)

ALL EXHIBITORS

Note: When paying by check please be sure to send electronic copies of the exhibitor registration forms and checks by email to azapwa@cox.net to insure your exhibitor space is assigned quickly and mail originals with payment to the P.O. Box shown above.

2010 ARIZONA APWA/AzRC STATEWIDE CONFERENCE
August 2-3, 2010
Phoenix Convention Center, Phoenix, Arizona

DATA ORDER FORM AND LIST USAGE POLICY

A complete list of conference attendees is available as part of your exhibitor registration. Data to be provided in Microsoft Office Excel 97-2003 format and shall be sent within 7 working days after the end of the event.

Send Data to the following email address: _____

NOTICE: This form must be signed and returned to receive the data files.

Please mail this form to:

Arizona Chapter American Public Works Association
PO Box 10337
Phoenix, AZ 85064-0337

Or Email to:

azapwa@cox.net

Data will consist of two files:

Attendee file name: 10azswc_att
Exhibitor file name: 10azswc_ex

****Files include name, title, company, address.
Files do not include phone, fax or email addresses.***

POLICY STATEMENT ON APWA MAILING LIST

APWA's membership mailing lists are proprietary in nature and they are covered by federal copyright laws. APWA's membership mailing lists are provided on a one-time-use mailing basis. The list must be used exclusively for the purpose stated; may not be reproduced, reused, or given to anyone else for their use without explicit permission from APWA. It is not available for use to promote political causes, solicit donation, recruit employees or contravene policies of the APWA.

Signature

Date